

Name of Person Filing Document: _____
 Your Address: _____
 Your City, State, Zip Code: _____
 Your Telephone Number: _____
 Representing ☐ Self (Without a lawyer) or ☐ Attorney for _____

SUPERIOR COURT OF ARIZONA MARICOPA COUNTY

In the Matter of the Estate of _____

Case Number: _____

_____ ☐ an Adult ☐ a Minor, deceased

WAIVER OF RIGHT TO APPOINTMENT AS PERSONAL REPRESENTATIVE AND CONSENT TO APPOINTMENT OF PERSONAL REPRESENTATIVE

THE UNDERSIGNED PERSON STATES AS FOLLOWS:

1. I am: (check one box)
☐ **(Check only if there is no Will)** an heir of the decedent's estate without a Will **or**
☐ **(Check only if there is a Will)** a person named in the decedent's Will.
2. I have priority for appointment as Personal Representative of this estate under A.R.S. 14-3203 because:
 (check which box applies)
☐ **(Check only if there is a Will)** I am named as Personal Representative in the Will of the person who died;
☐ **(Check only if there is a Will)** I am the surviving spouse of the person who died and I am named in the Will;
☐ **(Check only if there is a Will)** I am another person named in the Will of the person who died;
☐ I am the surviving spouse of the person who died;
☐ I am another person entitled to inherit the property of the person who died because (explain) _____
3. I waive and want to give up any right I have to appointment as the Personal Representative of this estate.
4. I consent to the appointment of (name) _____ as
 Personal Representative of the estate.

Signature

STATE OF ARIZONA)
MARICOPA COUNTY)ss.

Subscribed and sworn to before me this date: _____ by _____.

My Commission Expires: _____

Deputy Clerk/Notary